

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

07278

OR

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

07278

OR

Country

Harusaki Technologies, LLC
2711 Centerville Road, Suite 400
Wilmington, Delaware 19808

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.

26 MAR 2008

Guy Proulx

Telephone

Authorized Person for Harusaki Technologies, LLC